

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Tyrone Cooper

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

~~NYC~~ Department of Correction

NYC and New York City, Etc.

Al

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Tyrone TC Cooper
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

8952300125

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

1818 Hazen Street

Current Place of Detention

AmKC

Institutional Address

East Elmhurst NY 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Department of Correction AMKC
 First Name Last Name Shield #
Department
 Current Job Title (or other identifying information)
1818 Hazen Street
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 2: Department of Correction NYC Headquarters
 First Name Last Name Shield #
7520 Astoria Blvd.
 Current Job Title (or other identifying information)
East Elmhurst NY 11370
 Current Work Address
 County, City State Zip Code

Defendant 3: New York City
 First Name Last Name Shield #
City Hall or Cooperation Counsel
 Current Job Title (or other identifying information)
City Hall NYC 10007 = 100 Church Street NY 10007
 Current Work Address
New York New York 10007
 County, City State Zip Code

Defendant 4:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIMPlace(s) of occurrence: Rikers Island AMKCDate(s) of occurrence: 05-26-23 // 05-4-23 // 05-01-23 // 04-28-23**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

For several months the Rikers Island C.O.s been holding, opening, and blocking my mail also taken all evidence from me and when it comes in the mail,, and retaliation of assault against me, when I helped Mr. Andre Antrobus #095-00-22-345 with his legal work cause the court is violating his rights as in: denial of firing sabotage pettifuggers, self representation, testify at grand jury, R-O-R 10000,, 170.35 and etc. showed proof has not suppose to be here again cause the victim statement corroborates his version, also to O.M.H. patient can never be charged with assaults cause its commonplace in disturbed wards people v russell 4 misc. 2d 1021 Kgs. ct. sup. ct. and omh directives and policycause they've been threatenin him, blocking his mail, taken his evidence now also I hanged up b* 0 times and they did nothing they doing it to me and put me against OMH policy back in general population and don't care about mental health care also threatening with violence

May 4, 2023 and May 26, 2023 Housear Super on the Darkside, And 12 per on the light they Attend to my Mental Health Care they put me at risk with imminent serious injury cause of retaliation and general population

Witnesses to ~~the~~ Event of Holdings
Mails - taking evidence, retaliation

~~Witnesses~~ FRANTZ CONSEILLANT
3492301203

Nathaniel Martin 3492300170

Charles ~~for~~ #412301495

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental Anguish, Extreme emotional Distress,
Blocking Defense, Blocking Mail
Taken exonerating evidence for ~~liberty~~
AND a Free DOM SMITH V Baden, Lewis
V Casey outrageous governmental misconduct

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

1,000,000.00 Punitive Damages
1,000,000.00 Compensation

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5/13/23
 Dated Tyrone Cooper
 Plaintiff's Signature
Tyrone Cooper
 First Name Middle Initial Last Name
1818 Hazen Street
 Prison Address
East Elmhurst New York 11370
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

05/30/23

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Tyrone Cooper

(List the name(s) of the plaintiff(s)/petitioner(s).)

____ Civ. ____ () ()

New York City and
~~Tyrone Cooper~~
Dept. of Corr Nyc

AFFIRMATION OF SERVICE

E. A.

(List the name(s) of the defendant(s)/respondent(s).)

I, (print your name) Tyrone Cooper, declare under penalty of perjury that I

served a copy of the attached (list the names of the documents you served): NYC DOJ City Hall

USDS SDNY IF you Dont recieve that means
Blocking my Mail cuz I heard you dismiss

upon all other parties in this case by (state how you served the documents, for example, hand delivery,

mail, overnight express) AMX to the

following persons (list the names and addresses of the people you served): NYC DOJ 75 20 Ave

on (date you served the document(s)) 05-20-23

Dated _____

Tyrone Cooper
Signature

Address
204 1818 Hazen St

City, State

East Elmhurst

Zip
11370

Telephone Number

~~516 557 8223~~

E-Mail Address

